

Menopausal symptoms and adherence to a Mediterranean dietary pattern in women living in Ireland

M.B. Murphy¹, N. Dunne¹, B. Keegan¹ and P.M. Heavey¹

¹*SHE (Sport Health and Exercise) Research Group, Department of Sport & Health Sciences, Technological University of the Shannon, Athlone, Republic of Ireland.*

Menopause signifies the end of the reproductive life span (which usually occurs at about 51 years) with approximately four years of irregular periods leading up to this event and women experiencing a range of symptoms⁽¹⁾. The Mediterranean diet has been extensively studied and several potential health benefits have been identified⁽²⁾. Furthermore, the European Menopause and Androgen Society (EMAS) position paper⁽³⁾ has suggested that the Mediterranean dietary pattern may improve vasomotor symptoms in menopausal women together with reducing risk of several NCDs. Therefore, the aim of this study was to explore the relationship between menopausal symptoms and self-perceived level of adherence to a Mediterranean dietary (MedDiet) pattern in women living in Ireland. Both peri- and postmenopausal women (>40 years) were included in this cross-sectional study. Participants were recruited via social media platforms and adherence to a MedDiet was assessed using the validated 14-item Mediterranean Diet Assessment Tool (MDAT)⁽⁴⁾.

Adherence scores ranged from 0 to 14. Menopausal symptoms were assessed using the Menopause Rating Scale (MRS)⁽⁵⁾. Each question is assigned a score for symptom intensity that ranges from 0 (no symptoms) to 4 points (very severe symptoms). The total score ranges from 0 (no symptoms) to 44 (maximum symptomatology) points. Women also provided demographic information including self-reported height and weight. Logistic regression was used to identify factors related to menopausal symptoms. In total 304 women completed the questionnaires including 154 perimenopausal (mean age 48.39 ± 4.04 years) and 150 postmenopausal women (54 ± 4.48 years). Mean body mass index was 26.5 ± 4.8 kg/m² with 37% of perimenopausal women in the normal category and 33% and 31% overweight and obese. Fifty seven percent of postmenopausal women were normal weight and 28% and 15% overweight and obese respectively. The intensity of menopausal symptoms was assessed by the MRS and the total mean MRS score was 15.6 ± 6.9 and 11.6 ± 7.9 for peri and postmenopausal women respectively. Most participants reported moderate adherence to the MedDiet (70% and 75% in the peri- and postmenopausal groups respectively). Only 7.1% and 3.3% reported high adherence in the peri and postmenopausal groups respectively. According to multiple regression analysis lower MedDiet adherence in postmenopausal women was a predictor for worse symptomatology (β^b -0.196, $P = 0.014$) whereas BMI was a predictor for worse symptomatology in both perimenopausal (β^b -0.202, $P = 0.015$) and postmenopausal women (β^b -0.255, $P = 0.002$). These findings suggest that there may be a relationship between greater BMI, certain dietary patterns, and a more symptomatic menopausal experience. Further studies are warranted to explore this further.

References

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